

EPO - DG 1

05. 10. 1998

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty

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PCT/EP 98 / 0 6 2 7 8

International Application No

International Filing Date

05 OCT 1998

(05. 10. 1998)

EUROPEAN PATENT OFFICE

PCT INTERNATIONAL APPLICATION
Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference

(if desired) (12 characters maximum)

PU3375/WO

Box No. I TITLE OF INVENTION

Medicaments

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below).

Glaxo Group Limited
Glaxo Wellcome House
Berkeley Avenue
Greenford, Middlesex, UB6 0NN
GB

☐ This person is also inventor.

Telephone No. 0171 493 4060

Facsimile No. 0181 966 8838

Teleprinter No. 25456

State (i.e. country) of nationality:

GB

State (i.e. country) of residence:

GB

This person is applicant
for the purposes of:

☐

all designated
States

☒

all designated States except
the United States of America

☐

the United States
of America only

☐

the States indicated in the
Supplemental Box

Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

ANGEL, Allen Wayne
Glaxo Wellcome Inc
Five Moore Drive
Research Triangle Park
NC 27709
US

This person is:

☐

applicant only

☒

applicant and inventor

☐

inventor only (If this check-box
is marked, do not fill in below.)

State (i.e. country) of nationality:

US

State (i.e. country) of residence:

US

This person is applicant
for the purposes of:

☐

all designated
States

☐

all designated States except
the United States of America

☒

the United States
of America only

☐

the States indicated in
the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country).

LANE, Graham
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Glaxo Wellcome House, Berkeley Avenue
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GB

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Facsimile No.:

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Teleprinter No.:

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☐

Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Express Mail Label No.:
EL395890427US

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

If none of the following sub-boxes is used, this sheet is not to be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

NORTHCUTT, Allison Ruth
Glaxo Wellcome Inc
Five Moore Drive
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NC 27709
US

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

US

State (i.e. country) of residence:

US

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

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This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- ☒ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line).....

ational Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | |
|--|--|
| <input checked="" type="checkbox"/> AL Albania..... | <input checked="" type="checkbox"/> LS Lesotho..... |
| <input checked="" type="checkbox"/> AM Armenia..... | <input checked="" type="checkbox"/> LT Lithuania..... |
| <input checked="" type="checkbox"/> AT Austria..... | <input checked="" type="checkbox"/> LU Luxembourg..... |
| <input checked="" type="checkbox"/> AU Australia..... | <input checked="" type="checkbox"/> LV Latvia..... |
| <input checked="" type="checkbox"/> AZ Azerbaijan..... | <input checked="" type="checkbox"/> MD Republic of Moldova..... |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina..... | <input checked="" type="checkbox"/> MG Madagascar..... |
| <input checked="" type="checkbox"/> BB Barbados..... | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia..... |
| <input checked="" type="checkbox"/> BG Bulgaria..... | |
| <input checked="" type="checkbox"/> BR Brazil..... | <input checked="" type="checkbox"/> MN Mongolia..... |
| <input checked="" type="checkbox"/> BY Belarus..... | <input checked="" type="checkbox"/> MW Malawi..... |
| <input checked="" type="checkbox"/> CA Canada..... | <input checked="" type="checkbox"/> MX Mexico..... |
| <input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein..... | <input checked="" type="checkbox"/> NO Norway..... |
| <input checked="" type="checkbox"/> CN China..... | <input checked="" type="checkbox"/> NZ New Zealand..... |
| <input checked="" type="checkbox"/> CU Cuba..... | <input checked="" type="checkbox"/> PL Poland..... |
| <input checked="" type="checkbox"/> CZ Czech Republic..... | <input checked="" type="checkbox"/> PT Portugal..... |
| <input checked="" type="checkbox"/> DE Germany..... | <input checked="" type="checkbox"/> RO Romania..... |
| <input checked="" type="checkbox"/> DK Denmark..... | <input checked="" type="checkbox"/> RU Russian Federation..... |
| <input checked="" type="checkbox"/> EE Estonia..... | <input checked="" type="checkbox"/> SD Sudan..... |
| <input checked="" type="checkbox"/> ES Spain..... | <input checked="" type="checkbox"/> SE Sweden..... |
| <input checked="" type="checkbox"/> FI Finland..... | <input checked="" type="checkbox"/> SG Singapore..... |
| <input checked="" type="checkbox"/> GB United Kingdom..... | <input checked="" type="checkbox"/> SI Slovenia..... |
| <input checked="" type="checkbox"/> GE Georgia..... | <input checked="" type="checkbox"/> SK Slovakia..... |
| <input checked="" type="checkbox"/> GH Ghana..... | <input checked="" type="checkbox"/> SL Sierra Leone..... |
| <input checked="" type="checkbox"/> GM Gambia..... | <input checked="" type="checkbox"/> TJ Tajikistan..... |
| | <input checked="" type="checkbox"/> TM Turkmenistan..... |
| <input checked="" type="checkbox"/> HR Croatia..... | <input checked="" type="checkbox"/> TR Turkey..... |
| <input checked="" type="checkbox"/> HU Hungary..... | <input checked="" type="checkbox"/> TT Trinidad and Tobago..... |
| <input checked="" type="checkbox"/> ID Indonesia..... | <input checked="" type="checkbox"/> UA Ukraine..... |
| <input checked="" type="checkbox"/> IL Israel..... | <input checked="" type="checkbox"/> UG Uganda..... |
| <input checked="" type="checkbox"/> IS Iceland..... | <input checked="" type="checkbox"/> US United States of America..... |
| <input checked="" type="checkbox"/> JP Japan..... | |
| <input checked="" type="checkbox"/> KE Kenya..... | <input checked="" type="checkbox"/> UZ Uzbekistan..... |
| <input checked="" type="checkbox"/> KG Kyrgyzstan..... | <input checked="" type="checkbox"/> VN Viet Nam..... |
| <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea..... | <input checked="" type="checkbox"/> YU Yugoslavia..... |
| | <input checked="" type="checkbox"/> ZW Zimbabwe..... |
- Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:
- ☐
- ☐

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box		
		Where earlier application is		
Filing Date of Earlier Application (day/month/year)	Number of earlier application	national application: country	regional application: * regional Office	international application: receiving Office
item (1) 07 October 1997 (07.10.97)	9721139.5	GB		
item (2)				
item (3)				

☐ The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): _____

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA/	Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority): Date (day/month/year) Number Country (or regional office)
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Box. VIII CHECK LIST; LANGUAGE OF FILING

This international application contains the following number of sheets: request 4 description (excluding sequence listing part) 15 claims 1 abstract 1 drawings - sequence listing part of description total number of sheets 21	This international application is accompanied by the item(s) marked below: 1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input checked="" type="checkbox"/> separate signed power of attorney (*) 3. <input type="checkbox"/> copy of general power of attorney; reference number, if any: 4. <input type="checkbox"/> statement explaining lack of signature 5. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): (1) 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input type="checkbox"/> other (specify):
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Figure of the drawings which should accompany the abstract:	Language of filing of the international application: English
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Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).



Graham Lane
Agent for the Applicants

For receiving Office use only (05.10.1998)		2. Drawings <input type="checkbox"/> received: <input type="checkbox"/> not received:
1. Date of actual receipt of the purported international application 05 OCT 1998	3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	5. International Searching Authority specified by the applicant: ISA/	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

Date of receipt of the record copy by the International Bureau

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